

KENTUCKY PEER SPECIALIST TRAINING APPLICATION

<p style="text-align: center;">KENTUCKY PEER SPECIALIST TRAINING</p> <p>Statewide and regional Kentucky Peer Specialist (KPS) Trainings are provided periodically as funds allow. Training dates are available by calling 502-564-4456. The Kentucky Peer Applicant must possess, at a minimum, a high school degree or GED equivalent and meet the following criteria:</p> <p style="margin-left: 40px;">Have a diagnosis of mental illness and/or substance use disorder for which the applicant has received treatment and a strong desire to identify themselves as a person in recovery. (Current or former consumer of behavioral health services).</p> <p style="margin-left: 40px;">Demonstrate strong reading comprehension and written communication skills as indicated by their responses on the short-essay form. (Please do not type any portion of the application and short-essay form, and do not have anyone fill out either of these forms for you.)</p> <p style="margin-left: 40px;">Demonstrated experience with leadership and advocacy in the field of behavioral health; as well as the ability to demonstrate his or her own efforts at self-directed recovery.</p> <p>If you have any questions about your qualifications, please feel free to contact the Kentucky Peer Specialist Coordinator at 502-564-4456.</p>	<p style="text-align: center;">TRAINING GOALS</p> <p>For those working in, or wishing to work in the field of peer support, this training is designed to:</p> <p style="margin-left: 40px;">Present participants with an established curriculum developed by Ike Powell of Empowerment Partners in conjunction with Substance Abuse and Mental Health Services Administration (SAMHSA) and the Georgia Mental Health Consumer Network.</p> <p style="margin-left: 40px;">Prepare participants to use the curriculum to work in Peer Specialist Services within the Community Mental Health Centers, state operated or contracted inpatient facilities, or other organizations approved by the KDBHDID.</p> <p style="margin-left: 40px;">Prepare participants to pass the oral and written KPS Examination.</p> <p style="text-align: center;"><u>TO APPLY</u></p> <p>To apply for the training, please complete this form. Send application to the Kentucky Peer Specialist Coordinator.</p> <p style="text-align: center;">Fax Application to: KPS Training Attention: The Coordinator Fax: 502-564-9010</p> <p style="text-align: center;">Or</p> <p style="text-align: center;">Mail Application to: KPS Training Division of Behavioral Health Department for Behavioral Health, Developmental and Intellectual Disabilities 100 Fair Oaks Lane 4E-D Frankfort, Kentucky 40621</p> <p style="text-align: center;">For Phone Assistance: 502-564-4456 or 800-374-9146</p>
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Applicants Full Name: _____

In the space below, please describe a work; volunteer; or personal situation; that indicates you would be a good Peer Specialist.

Please fill out both columns with your contact information. Leave blank any information you prefer we *do not* use to contact you:

<u>Reference Information:</u>	<u>Personal Information:</u>
County in which you receive/received services: _____	Name: _____
_____	Home Telephone No.: _____
Agency name: _____	Home Address: _____
Agency contact person _____	_____
Agency telephone: _____	_____
_____	_____
Agency address: _____	County: _____
_____	Email: _____
_____	Cell Phone: _____
Agency contact person's e-mail: _____	May we leave messages regarding your application on another phone if you don't have a home phone? If so, please provide phone owner's name and phone number: _____
IF YOU WOULD RATHER USE SOMEONE ELSE FROM YOUR COMMUNITY OR AGENCY AS A REFERENCE, PLEASE GIVE US THEIR CONTACT INFORMATION INSTEAD BUT BE SURE TO INCLUDE THEIR TITLE AND YOUR RELATIONSHIP TO THEM.	May we leave messages on your home phone? _____

FOR INTERNAL USE ONLY:
Date Received: _____ Complete? _____
Needed: _____
ACTION TAKEN: _____
Date: _____

KENTUCKY PEER SPECIALIST TRAINING

SHORT-ESSAY FORM

Full Name: _____

Date: _____

Answer all questions on your own. Your answers can be brief but you must use complete sentences. Your handwriting must be legible. You may use a dictionary. This is not a test with right and wrong answers. It is a brief examination to assess your reading and writing skills as well as your understanding of the requirements to become a Peer Specialist in the Commonwealth of Kentucky. Peer Specialists assist consumers they serve in many activities requiring these skills. If you need additional space for your answers, attach a separate sheet of paper.

This short-essay form must be filled out by the applicant in the applicant's own handwriting. Typed Short-essay forms will be returned.

1. Why do you want to become a Peer Specialist?

2. Why do you think it is important to become a Peer Specialist?

3. What will be your most difficult challenge in attending this training? How will you deal with your challenge?

4. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

5. What makes you a good candidate to work with other consumers in the behavioral health field?

6. What does recovery mean to you?

7. What were some of the important factors in your own recovery?

8. What types of experiences have you had in advocating for consumers of behavioral health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began, or the work you are doing now. Be specific.

9. Is there anything else you would like us to know in considering you for the Peer Specialist Training?

Please sign your initials to only those that apply:

- _____ I completed this short-essay form on my own.
- _____ I completed High School and hold a High School Diploma.
- _____ I completed my GED coursework and hold my GED Certificate.
- _____ I can supply documentation of my High School Diploma or GED Certificate.
- _____ I have been in recovery for at least two years from a mental illness and/or substance use disorder.
- _____ I understand that Kentucky Peer Specialists work from the perspective of their own lived experience with mental illness and substance use disorders. I agree to be open about the fact that I have been diagnosed with a mental illness and/or a substance use disorder. I understand that in doing so I help educate others about the reality of recovery.
- _____ **YES**, I agree to disclose my history with mental illness and/or substance use disorder and recovery in keeping with the values of Kentucky Peer Specialists.
- _____ **NO**, I do not want to disclose my history with mental illness and/or substance use disorder and recovery at this time.
- _____ I understand that the Kentucky Peer Specialist Training is not a job placement program and completion of the training does NOT guarantee that I will be hired as a KPS.
- _____ I am a Veteran.
- _____ Because I have been recently certified in another state, I am requesting a waiver for the thirty (30) hours training in accordance with section 5 of this administrative regulation. Enclosed is the required documentation for the waiver.

Your signature _____

Please also ***print*** your name _____

If you have additional questions, please call 502-564-4456 or 800-374-9146.

You will receive **Confirmation/Receipt of Information that we have received this Application within 6-10 business days**. If you do not, please contact the Kentucky Peer Specialist Coordinator immediately at one of the phone numbers above. It may mean we did not receive all or part of your application packet and may be unable to contact you.

Please fax or mail your **Application Packet** (Application and Short-essay form) to:
Kentucky Peer Specialist Coordinator
Fax # 502-564-9010
Or
Kentucky Peer Specialist Coordinator
Division for Behavioral Health
Department for Behavioral Health, Developmental and Intellectual Disabilities
100 Fair Oaks Lane 4E-D
Frankfort, Kentucky 40621